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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K73671

(5)

CABLETRONICS OF CENTRAL FLORIDA, INC.

Principal Place of Business		Mailing Address		1 10010FF 011 100F0 11116 01111 (8907 FF01 010F1	DIDIO BIBLI DIBLI DIBLI BIBLI (BB)
STEPHEN D. HEALY		% STEPHEN D. HEALY			
21241 REINDEER RD CHRISTMAS FL 32709		21241 REINDEER RD CHRISTMAS FL 32709		DO NOT WRITE IN THIS SPACE	
	- 12-11-	* *		3. Date Incorporated or Qualified	
				03/14/1989	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		Suite, Apt. #, etc.		59-2939955	Not Applicable \$8.75 Additional
Suite, Apt.	#, Đ(C.	27. Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	.,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Curre	nt Poolstored Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	
		nt negistered Agent	81 Name	10, regine and Address of New Registe	100 Agoin
HEA	aly, stephen D. 241 Reindeer RD			(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
	RISTMAS FL 32709		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
VIII	140 144 10 1 2 021 00		83		
			84 City		85 Zip Code
					F L 0 2,5 333
11. Pursuant i	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was pations of Section 607.0506. F	utes, the above-named cor authorized by the corpora Florida Statutes	poration submits this statement for the purpo- ition's board of directors. I hereby accept the	appointment as registered
ayon. ra	ini i a nnikai witii, ano accept the cong	gritions of, Section bor 2000, i	ionda olatolos.		
OLONIATURE					
SIGNATURE	Signature, typed or printed name of registered ag	gent and fille if applicable (NC	OTE: Registered Agent signature req.	ered whon roinstaling) DA	TE .
	OFFICERS AN	ND DIRECTORS	OTE: Registered Agord signature req.	ned whon roinstaling) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	OFFICERS AN				
12.	OFFICERS AND PHEALY, STEPHEN D.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12
12. Trile	OFFICERS AND PHEALY, STEPHEN D. 21241 REINDEER RD	ND DIRECTORS	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 05 1998 8:00am

Secretary of State